

PERSONNEL STATUS CHANGE REQUEST

03/15/05 10:07

NAME: HOUSTON SAMUEL P EMPLOYEE NUMBER: 014332

EFFECTIVE DATE: 03/14/05 LOCATION: INACTIVE DEPT-DONNE HIREDATE: 02/25/02
THRU:DEPARTMENT: 40-INACTIVE EMPLOYEES-EXTENDED ILLNESS DIRECT
CLASSIFICATION: 01A-AIRCRAFT MECHANIC

RECLASSIFICATION:

FROM -

TO -

TRANSFER:

FROM - VAC PREV APPROVED: REST. DUTY:
TO PREV SHIFT START :

SHIFT CHANGE: FROM TO

PROBATIONARY EMPLOYEE: (REFERENCE CBA OVERTIME PROVISIONS)

OT PROJECT TRANSFER - HOURS TRANSFERRED: 0.0 FROM: TO:

CURRENT HOME PHONE: (850) 682-6482

HOURS = 0.0

TERMINATION: S LAST DAY WORKED:

REASON FOR CHANGE: 9 INVOLUNTARY TERMINATION

APPROVED:

SUPERVISOR

APPROVED: *R. Reddick 1847*

DEPARTMENT HEAD

***** CLEARANCE RECORD *****

THIS SECTION MUST BE COMPLETED PRIOR TO TERMINATION OR TRANSFER OF AN EMPLOYEE FROM ONE DEPT. OR AREA TO ANOTHER. TRANSFERRING EMPLOYEE MUST PRESENT A COPY OF THIS FORM TO GAINING ACTIVITY

1. DEPARTMENT:
 ✓ SUPPLY
 ✓ TOOL CRIB
 ✓ INSPECTOR STAMP
 ✓ KEYS/EQUIPMENT
 ✓ PUBLICATIONS
 ✓ FLIGHT CLOTHING

2. PERSONNEL:
 ✓ ID BADGE
 ✓ OPERATOR PERMITS
 ✓ AUTHORIZATIONS
 ✓ SECURITY/TAP
 ✓ ✓
 ✓ ✓
 ✓ ✓

3. CHARGES:

REMARKS

DATE: 3/15/05

EMPLOYEE SIGNATURE: 

DISTRIBUTION:

- ✓ FILE
- ✓ COEE
- ✓ G ACTIVITY
- ✓ TERMINATION ONLY